



BF

September 11, 2007

Becky France, Permit Writer  
Department of Environmental Quality  
3019 Peters Creek Road  
Roanoke, VA 24019

Re: Temperature Data, revised  
Application Revisions as requested

Dear Becky,

I have enclosed the summer temperature data you requested, including the maximum and average temperatures in both scales.

I respectfully request a waiver for winter temperature data for the application.

Also enclosed, please find pages 6 and 9 of the application with the requested information provided and signature and date of the revision.

If you need additional information, please contact me, thank you.

Sincerely,

A handwritten signature in black ink, reading "David Graves", written in a cursive style.

DAVID F. GRAVES  
Administrator



BF

August 20, 2007

Becky France, Permit Writer  
Department of Environmental Quality  
3019 Peters Creek Road  
Roanoke, VA 24019

Re: Permit Renewal Application

Dear Becky,

Enclosed is our Wastewater Treatment Plant application for your review. I respectfully request the following waivers:

1. To allow TSS and BOD5 be performed on a grab sample in lieu of 24 composite samples.
2. To allow submission of E. coli data taken during 2006 in lieu of the requested fecal coliform data.

I have enclosed temperatures in Farenheit for you to review. I did not include this data on page 6 of the application. If there is additional information required or if you have any question, please contact me directly at the nursing home during regular business hours.

Sincerely,

A handwritten signature in black ink, appearing to read "David Graves", written in a cursive style.

DAVID F. GRAVES  
Administrator

Pc: Department of Health, Lexington Office

PUBLIC NOTICE BILLING INFORMATION FORM

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-31-290.C.2:


Agent/Department to be billed: Woodhaven Nursing Home

Owner: Family Health Initiatives, Inc.  
David F. Graves

Applicant's Address: P.O. Box 168  
Montvale, VA 24122-0168

Agent's Telephone No: 540-947-2207

Authorizing Agent:

  
Signature

David F. Graves

Printed Name

Administrator

Title

Facility Name:

Permit No.

Woodhaven Nursing Home W447P  
VA0074870

Please return to:

Becky L. France  
Department of Environmental Quality  
3019 Peters Creek Road  
Roanoke, VA 24019  
Fax No. (540) 562-6860

Woodhaven Nursing Home STP  
Effluent Temperatures Aug-07

1-Aug	74	16-Aug	76
2-Aug	72	17-Aug	76
3-Aug	76	18-Aug	77
4-Aug	75	19-Aug	76
5-Aug	76	20-Aug	75
6-Aug	72	21-Aug	76
7-Aug	77	22-Aug	76
8-Aug	76	23-Aug	76
9-Aug	77	24-Aug	77
10-Aug	74	25-Aug	76
11-Aug	75	26-Aug	75
12-Aug	76	27-Aug	75
13-Aug	75	28-Aug	76
14-Aug	74	29-Aug	76
15-Aug	77	30-Aug	75
		31-Aug	74

1126

1126

1212

2348/31=75.74

Maximum Temp = 77 F

25 Degrees C

Average Temp = 76 F

24.4 Degrees C

RECEIVED

SEP 12 2007

DEQ-WCRO

Woodhaven Nursing Home STP - VA0074870  
Effluent Temperatures

Farenheit

2007

07-26	70
07-27	75
07-28	73
07-29	71
07-30	69
07-31	71
08-01	74
08-02	72
08-03	76
08-04	75
08-05	76
08-06	72
08-07	77
08-08	76
08-09	77
08-10	74
08-11	75
08-12	76
08-13	75
08-14	74
08-15	77
08-16	76
08-17	76
08-18	77
08-19	76
08-20	75

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

FORM  
2A  
NPDES

## NPDES FORM 2A APPLICATION OVERVIEW

### APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

#### BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow  $\geq 0.1$  mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

#### SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
  - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  - 2. Any other industrial user that:
    - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

**ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)**

FACILITY NAME AND PERMIT NUMBER: VA0074870  
Woodhaven Nursing Home

Form Approved 1/14/99  
OMB Number 2040-0086

## BASIC APPLICATION INFORMATION

### PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

#### A.1. Facility Information.

Facility name Woodhaven Nursing Home STP  
Mailing Address P.O. Box 168  
Montvale, VA 24122-0168  
Contact person David F. Graves  
Title Owner-Administrator  
Telephone number 540-947-2207  
Facility Address 13055 West Lynchburg-Salem Turnpike (US Route 460)  
(not P.O. Box) Montvale, VA 24122

#### A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name Family Health Initiatives, Inc.  
Mailing Address P.O. Box 168  
Montvale, VA 24122-0168  
Contact person David F. Graves  
Title Owner-Administrator  
Telephone number 540-947-2207

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

#### A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	<u>VA0074870</u>	PSD	<u>                    </u>
UIC	<u>                    </u>	Other	<u>                    </u>
RCRA	<u>                    </u>	Other	<u>                    </u>

#### A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Total population served <u>                    </u>			

FACILITY NAME AND PERMIT NUMBER:

Woodhaven Nursing Home STP, VA0074870

Form Approved 1/14/99  
OMB Number 2040-0086

**A.5. Indian Country.**

- a. Is the treatment works located in Indian Country?

\_\_\_\_\_ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

\_\_\_\_\_ Yes ☒ No

**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate .0048 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	<u>.0030</u>	<u>.0043</u>	<u>.0046</u>	mgd
c. Maximum daily flow rate	<u>.0053</u>	<u>.0080</u>	<u>.0102</u>	mgd

**A.7. Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %  
 \_\_\_\_\_ Combined storm and sanitary sewer \_\_\_\_\_ %

**A.8. Discharges and Other Disposal Methods.**

- a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes \_\_\_\_\_ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1  
 ii. Discharges of untreated or partially treated effluent \_\_\_\_\_  
 iii. Combined sewer overflow points \_\_\_\_\_  
 iv. Constructed emergency overflows (prior to the headworks) \_\_\_\_\_  
 v. Other \_\_\_\_\_

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? \_\_\_\_\_ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: \_\_\_\_\_  
 Annual average daily volume discharged to surface impoundment(s) \_\_\_\_\_ mgd  
 Is discharge \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

- c. Does the treatment works land-apply treated wastewater? \_\_\_\_\_ Yes ☒ No

If yes, provide the following for each land application site:

Location: \_\_\_\_\_  
 Number of acres: \_\_\_\_\_  
 Annual average daily volume applied to site: \_\_\_\_\_ Mgd  
 Is land application \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? \_\_\_\_\_ Yes ☒ No



FACILITY NAME AND PERMIT NUMBER:

Woodhaven Nursing Home STP, VA0074870

Form Approved 1/14/99  
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name:

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility.

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

Yes

☒ No

If yes, provide the following for each disposal method:

Description of method (Including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method continuous or intermittent?

## FACILITY NAME AND PERMIT NUMBER:

Woodhaven Nursing Home STP, VA0074870

Form Approved 1/14/99  
OMB Number 2040-0086

## WASTEWATER DISCHARGES:

RECEIVED

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

SEP 12 2007  
DEQ-WCRO

## A.9. Description of Outfall.

a. Outfall number

001

b. Location

Montvale

24122

(City or town, if applicable)

(Zip Code)

Bedford

Virginia

(County)

39-22-30

79-45-00

(Latitude)

(Longitude)

c. Distance from shore (if applicable)

ft.

d. Depth below surface (if applicable)

ft.

e. Average daily flow rate

.0048

mgd

f. Does this outfall have either an intermittent or a periodic discharge?

Yes

X

No

(go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs:

Average duration of each discharge:

Average flow per discharge:

mgd

Months in which discharge occurs:

g. Is outfall equipped with a diffuser?

Yes

X

No

## A.10. Description of Receiving Waters.

a. Name of receiving water

Branch of South Goose Creek

b. Name of watershed (if known)

United States Soil Conservation Service 14-digit watershed code (if known):

c. Name of State Management/River Basin (if known):

United States Geological Survey 8-digit hydrologic cataloging unit code (if known):

d. Critical low flow of receiving stream (if applicable):

acute .182 cfs

chronic .195 cfs

e. Total hardness of receiving stream at critical low flow (if applicable): 144 mg/l of CaCO<sub>3</sub>

FACILITY NAME AND PERMIT NUMBER:

Woodhaven Nursing Home STP, VA0074870

Form Approved 1/14/99  
OMB Number 2040-0086

RECEIVED

RECEIVED

## A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☐ Primary
 ☒ Secondary  
☐ Advanced
 ☐ Other. Describe:

SEP 1 4 2007

SEP 12 2007

DEQ-WCRO

DEQ-WCRO

- b. Indicate the following removal rates (as applicable):

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal

≈ 92 %

Design SS removal

≈ 95 %

Design P removal

≈ 25 %

Design N removal

≈ 21 %

Other

%

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall?

☒ Yes ☐ No☐ Yes ☒ No

- d. Does the treatment plant have post aeration?

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.5	S.U.			
pH (Maximum)	8.0	S.U.			
Flow Rate	.0063	MGD	.0051	MGD	47
Temperature (Winter)	77°F / 25°C		76°F / 24°C		31
Temperature (Summer)					

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL	
	Conc.	Units	Conc.	Units	Number of Samples			
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	17	MG/L	16.16	MG/L	44	SM5210	2 PQL
	CBOD-5							
FECAL COLIFORM	E-Coli	49	col/100ml	30.63	col/100ml	8	E10029	1 PQL
TOTAL SUSPENDED SOLIDS (TSS)		9.07	MG/L	9.0	MG/L	47	SM2540	1 PQL

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Woodhaven Nursing Home STP, VA0074870

Form Approved 1/14/99  
OMB Number 2040-0086

## BASIC APPLICATION INFORMATION

### PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate  $\geq 0.1$  mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

\_\_\_\_\_ gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

\_\_\_\_\_

\_\_\_\_\_

**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

**B.3. Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g. chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

**B.4. Operation/Maintenance Performed by Contractor(s).**

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☐ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Responsibilities of Contractor: \_\_\_\_\_

**B.5. Scheduled Improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.
- \_\_\_\_\_

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

Woodhaven Nursing Home STP, VA0074870

- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: \_\_\_\_\_

**B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).**

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: \_\_\_\_\_

Outfall Number: \_\_\_\_\_

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

**END OF PART B.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

Woodhaven Nursing Home STP, VA0074870

RECEIVED

Form Approved 1/14/99  
OMB Number 2040-0086

SEP 12 2007

**BASIC APPLICATION INFORMATION**

**PART C. CERTIFICATION**

DEQ-WCRO

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title

David F. Graves, Administrator

Revised

Signature

540-947-2207

Telephone number

August 20, 2007

Date signed

September 11, 2007

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

RECEIVED  
Form Approved 11/14/99  
OMB Number 2040-0086  
SEP 12 2007

## SUPPLEMENTAL APPLICATION INFORMATION

DEQ-WCRO

## PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

**Effluent Testing: 1.0 mgd and Pretreatment Treatment Works.** If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO <sub>3</sub> )											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYL VINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											



FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLOROETHYLENE											
VINYL CHLORIDE											

Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.

## ACID-EXTRACTABLE COMPOUNDS

P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

## BASE-NEUTRAL COMPOUNDS.

ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											

BENZO(A)PYRENE												
FACILITY NAME AND PERMIT NUMBER:										Form Approved 1/14/99 OMB Number 2040-0086		
Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)												
POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples			
3,4 BENZO-FLUORANTHENE												
BENZO(GHI)PERYLENE												
BENZO(K)FLUORANTHENE												
BIS (2-CHLOROETHOXY) METHANE												
BIS (2-CHLOROETHYL)-ETHER												
BIS (2-CHLOROISO-PROPYL) ETHER												
BIS (2-ETHYLHEXYL) PHTHALATE												
4-BROMOPHENYL PHENYL ETHER												
BUTYL BENZYL PHTHALATE												
2-CHLORONAPHTHALENE												
4-CHLORPHENYL PHENYL ETHER												
CHRYSENE												
DI-N-BUTYL PHTHALATE												
DI-N-OCTYL PHTHALATE												
DIBENZO(A,H) ANTHRACENE												
1,2-DICHLOROBENZENE												
1,3-DICHLOROBENZENE												
1,4-DICHLOROBENZENE												
3,3-DICHLOROBENZIDINE												
DIETHYL PHTHALATE												
DIMETHYL PHTHALATE												
2,4-DINITROTOLUENE												
2,6-DINITROTOLUENE												

1,2-DIPHENYLHYDRAZINE																			
FACILITY NAME AND PERMIT NUMBER:										Form Approved 1/14/99 OMB Number 2040-0086									
Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)																			
POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL								
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples										
FLUORANTHENE																			
FLUORENE																			
HEXACHLOROBENZENE																			
HEXACHLOROBUTADIENE																			
HEXACHLOROCYCLO-PENTADIENE																			
HEXACHLOROETHANE																			
INDENO(1,2,3-CD)PYRENE																			
ISOPHORONE																			
NAPHTHALENE																			
NITROBENZENE																			
N-NITROSODI-N-PROPYLAMINE																			
N-NITROSODI- METHYLAMINE																			
N-NITROSODI-PHENYLAMINE																			
PHENANTHRENE																			
PYRENE																			
1,2,4-TRICHLOROBENZENE																			
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.																			
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.																			
<b>END OF PART D.</b> <b>REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE</b>																			

## SUPPLEMENTAL APPLICATION INFORMATION

## PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

## E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

\_\_\_\_ chronic      \_\_\_\_ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: \_\_\_\_\_ Test number: \_\_\_\_\_ Test number: \_\_\_\_\_

## a. Test information.

Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

## b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
Page number(s)			

## c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab			

## d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

Test number: \_\_\_\_\_

Test number: \_\_\_\_\_

Test number: \_\_\_\_\_

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

Acute toxicity

g. Provide the type of test performed.

Static

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

pH

Salinity

Temperature

Ammonia

Dissolved oxygen

k. Parameters measured during the test. (State whether parameter meets test method specifications)

l. Test Results.

Acute:

Percent survival in 100%  
effluent

%

%

%

LC<sub>50</sub>

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

Chronic:

NOEC	%	%	%
IC <sub>25</sub>	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

\_\_\_ Yes \_\_\_ No      If yes, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: \_\_\_\_\_ (MM/DD/YYYY)

Summary of results: (see instructions)

\_\_\_\_\_  
\_\_\_\_\_

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

## SUPPLEMENTAL APPLICATION INFORMATION

### PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

#### GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

\_\_\_ Yes \_\_\_ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. \_\_\_\_\_

b. Number of CIUs. \_\_\_\_\_

#### SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): \_\_\_\_\_

Raw material(s): \_\_\_\_\_

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd (\_\_\_ continuous or \_\_\_ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd (\_\_\_ continuous or \_\_\_ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits \_\_\_ Yes \_\_\_ No

b. Categorical pretreatment standards \_\_\_ Yes \_\_\_ No

If subject to categorical pretreatment standards, which category and subcategory?

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

**F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☐ No If yes, describe each episode.

\_\_\_\_\_  
\_\_\_\_\_

**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**

**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?  
☐ Yes ☐ No (go to F.12.)

**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☐ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

\_\_\_\_\_  
\_\_\_\_\_

**F.15. Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

\_\_\_\_\_  
\_\_\_\_\_

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.

\_\_\_\_\_  
\_\_\_\_\_

**END OF PART F.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**



FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

## SUPPLEMENTAL APPLICATION INFORMATION

### PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- All CSO discharge points.
- Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- Locations of major sewer trunk lines, both combined and separate sanitary.
- Locations of points where separate sanitary sewers feed into the combined sewer system.
- Locations of in-line and off-line storage structures.
- Locations of flow-regulating devices.
- Locations of pump stations.

### CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- Outfall number \_\_\_\_\_
- Location \_\_\_\_\_  
(City or town, if applicable) (Zip Code)  
\_\_\_\_\_  
(County) (State)  
\_\_\_\_\_  
(Latitude) (Longitude)
- Distance from shore (if applicable) \_\_\_\_\_ ft.
- Depth below surface (if applicable) \_\_\_\_\_ ft.
- Which of the following were monitored during the last year for this CSO?  
\_\_\_\_ Rainfall      \_\_\_\_ CSO pollutant concentrations      \_\_\_\_ CSO frequency  
\_\_\_\_ CSO flow volume      \_\_\_\_ Receiving water quality
- How many storm events were monitored during the last year? \_\_\_\_\_

G.4. CSO Events.

- Give the number of CSO events in the last year.  
\_\_\_\_\_ events (\_\_\_\_ actual or \_\_\_\_ approx.)
- Give the average duration per CSO event.  
\_\_\_\_\_ hours (\_\_\_\_ actual or \_\_\_\_ approx.)

FACILITY NAME AND PERMIT NUMBER:

Form Approved 11/14/99  
OMB Number 2040-0086

- c. Give the average volume per CSO event.

\_\_\_\_\_ million gallons (\_\_\_\_\_ actual or \_\_\_\_\_ approx.)

- d. Give the minimum rainfall that caused a CSO event in the last year.

\_\_\_\_\_ inches of rainfall

**G.5. Description of Receiving Waters.**

- a. Name of receiving water: \_\_\_\_\_

- b. Name of watershed/river/stream system: \_\_\_\_\_

United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_

- c. Name of State Management/River Basin: \_\_\_\_\_

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): \_\_\_\_\_

**G.6. CSO Operations.**

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

\_\_\_\_\_  
\_\_\_\_\_

**END OF PART G.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM  
2A YOU MUST COMPLETE.**

## VPDES PERMIT APPLICATION ADDENDUM - SUPPLEMENTARY INFORMATION

### A. General Information

1. Entity to whom the permit is to be issued: Family Health Initiatives, Inc.  
*Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.*
2. Classify the discharge as one of the following by checking the appropriate line:  
  
☒ a. Existing discharge  
☐ b. Proposed discharge  
☐ c. Proposed expansion of an existing discharge

### B. Location

1. Is this facility located within city or town boundaries? N
2. (New Issuances & Modifications Only) What is the tax map parcel number for the land where this facility is located? \_\_\_\_\_
3. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 5 acres
4. What is the total acreage of the property on which the treatment plant is located? 32 acres
5. Give the minimum elevation of the treatment plant site. 1100 feet
6. Flood elevations of the treatment plant site:  
25 year flood \_\_\_\_\_ feet  
100 year flood \_\_\_\_\_ feet
7. Attach to the back of this application a location map(s) which may be traced from or is/are a production of a U.S. Geological Survey topographic quadrangle(s) or other appropriately scaled contour map(s). The location map(s) shall show the following:  
\* Please see "Attached 1"
  - a. Treatment Plant
  - b. Discharge point
  - c. Receiving waters
  - d. Boundaries of the property on which the treatment plant is located, or to be located.
  - e. Distance from the treatment plant to the nearest: (Indicate "not applicable" for any distance greater than 2000 feet)
    - i. Residence
    - ii. Distribution line for potable water supply
    - iii. Reservoir, well, or other source of water supply
    - iv. Recreational area
  - f. Distance from the discharge point to the nearest: (Indicate "not applicable" for any distance greater than 15 miles)
    - i. Downstream community
    - ii. Upstream and downstream water intake points
    - iii. Shellfishing waters
    - iv. Wetlands area
    - v. Downstream impoundment
    - vi. Downstream recreational area

C. Discharge Description

1. Provide a brief description of the wastewater treatment scheme. Also, attach to the back of this application, a process flow diagram showing each process unit of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system.

Woodhaven Nursing Home STP empties into a 5,500 gallon septic tank which collects most solids. It empties into a 10,000 gallon septic tank via gravity flow. Wastewater then flows to a dosing tank via gravity flow. Collected wastewater is intermittently pumped onto a 27'x27'x24" deep sand bed. After sand filtration occurs, the wastewater empties into a chlorinator and chlorine contact tank, via gravity. Flowing through a series of weir boxes, the wastewater is then dechlorinated. The final effluent is then discharged via gravity into the branch of the South Fork of Goose Creek.

\* Please see "Attached 2"

2. What is the design average flow of this facility? .0048 MGD  
Industrial facilities: What is the max. 30-day avg. production level (include units)? \_\_\_\_\_
3. In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? N

If "Yes", please specify the other flow tiers (in MGD) or production levels: \_\_\_\_\_  
*Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?*

4. Nature of operations generating wastewater:

0 % of flow from domestic connections/sources  
Number of private residences to be served by the wastewater treatment facilities:  
x 0    1-49    50 or more

100 % of flow from non-domestic connections/sources

5. Mode of discharge: x Continuous    Intermittent    Seasonal  
Describe frequency and duration of intermittent or seasonal discharges:

6. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

x Permanent stream, never dry  
   Intermittent stream, usually flowing, sometimes dry  
   Ephemeral stream, wet-weather flow, often dry  
   Effluent-dependent stream, usually or always dry  
   Lake or pond at or below the discharge point  
   Other: \_\_\_\_\_

E. Anticipated Phasing Schedule for Plant Capacity - Proposed / Expanding Discharges

If this application is for a proposed or expanded discharge(s), complete the phasing schedule below beginning with the year in which construction completion is anticipated and progressing in increments of 5 years for 30 years thereafter.

Proposed Design Capacity: .0066 MGD & .025 MGD

Anticipated Date of Construction Completion: May, 2013  
Month Year

Years after Completion	Projected Flow (MGD)
0	.0048
5	.0066
10	.025
15	.025
20	.025
25	.025
30	.025

F. Interim Facilities

Are the wastewater treatment facilities interim? (designed for a useful life of less than 5 years)

☒ Yes ☐ No

If so, provide the estimated date to be discontinued (month, year) May 2013, and the name and location of the intended replacement facility.

Woodhaven Nursing Home WWTP, Same location as existing facility

Name / Location

FACILITY NAME: Woodhaven Nursing Home STP

VPDES PERMIT NUMBER: VA0074870

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ☒ Yes ☐ No

Will this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ☐ Yes ☒ No

Will sewage sludge from this facility be applied to the land? ☐ Yes ☒ No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?  
☐ Yes ☐ No

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ☐ Yes ☐ No

c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ☐ Yes ☐ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete Section D (Surface Disposal).

FACILITY NAME: Woodhaven Nursing Home STP

VPDES PERMIT NUMBER: VA0074870

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.

- a. Facility name: Woodhaven Nursing Home Sewage Treatment Plant
- b. Contact person: David F. Graves  
Title: Administrator  
Phone: (540)-947-2207
- c. Mailing address: P.O. Box 168  
Street or P.O. Box: \_\_\_\_\_  
City or Town: Montvale State: VA Zip: 24122-0168
- d. Facility location:  
Street or Route #: 13055 W Lynchburg-Salem Turnpike  
County: Bedford  
City or Town: Montvale State: VA Zip: 24122
- e. Is this facility a Class I sludge management facility? ☐ Yes ☒ No
- f. Facility design flow rate: .0048 mgd
- g. Total population served: 120
- h. Indicate the type of facility:  
☐ Publicly owned treatment works (POTW)  
☒ Privately owned treatment works  
☐ Federally owned treatment works  
☐ Blending or treatment operation  
☐ Surface disposal site  
☐ Other (describe): \_\_\_\_\_

2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name: Family Health Initiatives, Inc.
- b. Mailing address:  
Street or P.O. Box: P.O. Box 168  
City or Town: Montvale State: VA Zip: 24122-0168
- c. Contact person: David F. Graves  
Title: Administrator  
Phone: (540)-947-2207
- d. Is the applicant the owner or operator (or both) of this facility?  
☒ owner ☒ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)  
☐ facility ☒ applicant

3. Permit Information.

- a. Facility's VPDES permit number (if applicable): VA0074870
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ☐ Yes ☒ No If yes, describe:

\_\_\_\_\_

FACILITY NAME: Woodhaven Nursing Home STPVPDES PERMIT NUMBER: VA0074870

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:

- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
- Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

**\* Please see "Attached 1"**

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

**\* Please see "Attached 2"**

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ☒ Yes ☐ No  
If yes, provide the following for each contractor (attach additional pages if necessary).

Name: Michael Burns T/A Bedford Septic & Port-a-John Services

Mailing address:

Street or P.O. Box: 1980 Twin Lake Drive

City or Town: Bedford State: VA Zip: 24523

Phone: (540)-587-5964

Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

99-214-06 H

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. **Pump and haul septage/sludge to Roanoke City Pre-treatment facility. See "Attached 3"**  
Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

☒ Section A (General Information)

☒ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

☐ Section C (Land Application of Bulk Sewage Sludge)

☐ Section D (Surface Disposal)



FACILITY NAME: Woodhaven Nursing Home STP

VPDES PERMIT NUMBER: VA0074870

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title David F. Graves, Administrator

Signature  Date Signed August 20, 2007

Telephone number 540-947-2207

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: Woodhaven Nursing Home STP

VPDES PERMIT NUMBER: VA0074870

**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION  
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.  
Total dry metric tons per 365-day period generated at your facility: 3.65 dry metric tons
2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
  - a. Facility name: \_\_\_\_\_
  - b. Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone ( ) \_\_\_\_\_
  - c. Mailing address: \_\_\_\_\_  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - d. Facility Address: \_\_\_\_\_  
(not P.O. Box) \_\_\_\_\_
  - e. Total dry metric tons per 365-day period received from this facility: \_\_\_\_\_ dry metric tons
  - f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Treatment Provided at Your Facility.
  - a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?  
\_\_\_\_ Class A \_\_\_\_ Class B ☒ Neither or unknown
  - b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: \_\_\_\_\_  
\_\_\_\_\_
  - c. Which vector attraction reduction option is met for the sewage sludge at your facility?  
\_\_\_\_ Option 1 (Minimum 38 percent reduction in volatile solids)  
\_\_\_\_ Option 2 (Anaerobic process, with bench-scale demonstration)  
\_\_\_\_ Option 3 (Aerobic process, with bench-scale demonstration)  
\_\_\_\_ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)  
\_\_\_\_ Option 5 (Aerobic processes plus raised temperature)  
\_\_\_\_ Option 6 (Raise pH to 12 and retain at 11.5)  
\_\_\_\_ Option 7 (75 percent solids with no unstabilized solids)  
\_\_\_\_ Option 8 (90 percent solids with unstabilized solids)  
☒ None or unknown
  - d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: N/A
  - e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: n/a
4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).  
(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
  - a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:  
\_\_\_\_\_ dry metric tons
  - b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

Yes      No

**VPDES PERMIT NUMBER: VA0074870**

- Please see "Attached 3"

FACILITY NAME: Woodhaven Nursing Home STP

VPDES PERMIT NUMBER: VA0074870

to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

- j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No  
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.
- k Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☒ Yes ☐ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.  
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. \_\_\_\_\_

\* Please see "Attached 3"

7. Land Application of Bulk Sewage Sludge.

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: \_\_\_\_\_ dry metric tons
- b. Do you identify all land application sites in Section C of this application? ☐ Yes ☐ No  
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
- c. Are any land application sites located in States other than Virginia? ☐ Yes ☐ No  
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.  
\_\_\_\_\_
- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).  
\_\_\_\_\_

8. Surface Disposal.

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: \_\_\_\_\_ dry metric tons
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?  
☐ Yes ☐ No  
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
- c. Site name or number: \_\_\_\_\_
- d. Contact person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Contact is: ☐ Site Owner ☐ Site operator
- e. Mailing address.  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: \_\_\_\_\_ dry metric tons
- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Incineration.

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

FACILITY NAME: Woodhaven Nursing Home STP

VPDES PERMIT NUMBER: VA0074870

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: \_\_\_\_\_ dry metric tons
- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?  
\_\_\_\_ Yes \_\_\_\_ No  
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
- c. Incinerator name or number: \_\_\_\_\_
- d. Contact person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Contact is: \_\_\_\_ Incinerator Owner \_\_\_\_ Incinerator Operator
- e. Mailing address.  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: \_\_\_\_\_ dry metric tons
- g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

- a. Landfill name: \_\_\_\_\_
- b. Contact person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Contact is: \_\_\_\_ Landfill Owner \_\_\_\_ Landfill Operator
- c. Mailing address.  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- d. Landfill location.  
Street or Route #: \_\_\_\_\_  
County: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: \_\_\_\_\_ dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?  
\_\_\_\_ Yes \_\_\_\_ No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? \_\_\_\_ Yes \_\_\_\_ No
- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? \_\_\_\_ Yes \_\_\_\_ No  
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. \_\_\_\_\_  
\_\_\_\_\_

FACILITY NAME: Woodhaven Nursing Home STP

VPDES PERMIT NUMBER: VA0074870

SECTION C. LAND APPLICATION OF BULK SEWAGE SLUDGE

Complete this section for sewage sludge that is land applied unless any of the following conditions apply:

The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements and one of the vector attraction reduction options 1-8 (fill out B.4 instead) (EQ Sludge); or

The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or

You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).

Complete Section C for every site on which the sewage sludge that you reported in B.7 is land applied.

1. Identification of Land Application Site.

- a. Site name or number: \_\_\_\_\_
- b. Site location (Complete i and ii)
  - i. Street or Route#: \_\_\_\_\_  
County: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - ii. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Method of latitude/longitude determination  
\_\_\_\_\_ USGS map \_\_\_\_\_ Filed survey \_\_\_\_\_ Other \_\_\_\_\_
- c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

2. Owner Information.

- a. Are you the owner of this land application site? ☐ Yes ☐ No
- b. If no, provide the following information about the owner:  
Name: \_\_\_\_\_  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

3. Applier Information:

- a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? ☐ Yes ☐ No
- b. If no, provide the following information for the person who applies the sewage sludge:  
Name: \_\_\_\_\_  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_
- c. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the person who applies sewage sludge to this land application site:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Site Type. Identify the type of land application site from among the following:

☐ Agricultural land ☐ Reclamation site ☐ Forest  
☐ Public contact site ☐ Other. Describe \_\_\_\_\_

5. Vector Attraction Reduction.

Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?  
☐ Yes ☐ No If yes, answer a and b.

- a. Indicate which vector attraction reduction option is met:  
☐ Option 9 (Injection below land surface)  
☐ Option 10 (Incorporation into soil within 6 hours)
- b. Describe, on this form or on another sheet of paper, any treatment processes used at the land application site to reduce the vector attraction properties of sewage sludge:  
\_\_\_\_\_  
\_\_\_\_\_

FACILITY NAME: **Woodhaven Nursing Home STP**VPDES PERMIT NUMBER: **VA0074870**

## 6. Cumulative Loadings and Remaining Allotments.

(Complete Question 6 only if the sewage sludge applied to this site since July 20, 1993 is subject to the cumulative pollutant loading rates (CPLRs) - see instructions.)

- a. Have you contacted DEQ or the permitting authority in the state where the sewage sludge subject to the CPLRs will be applied to ascertain whether bulk sewage sludge subject to the CPLRs has been applied to this site since July 20, 1993? ☐ Yes ☐ No

If no, sewage sludge subject to the CPLRs may not be applied to this site.

If yes, provide the following information:

Permitting authority: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

- b. Based upon this inquiry, has bulk sewage sludge subject to the CPLRs been applied to this site since July 20, 1993? ☐ Yes ☐ No If no, skip the rest of Question 6. If yes, answer questions c - e.

- c. Site size, in hectares: \_\_\_\_\_ (one hectare = 2.471 acres)

- d. Provide the following information for every facility other than yours that is sending or has sent sewage sludge subject to the CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.

Facility name: \_\_\_\_\_

Facility contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Mailing address.

Street or P.O. Box: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- e. Provide the total loading and allotment remaining, in kg/hectare, for each of the following pollutants:

	<u>Cumulative loading</u>	<u>Allotment remaining</u>
Arsenic	_____	_____
Cadmium	_____	_____
Copper	_____	_____
Lead	_____	_____
Mercury	_____	_____
Nickel	_____	_____
Selenium	_____	_____
Zinc	_____	_____

Complete Questions 7-12 below only if you apply sewage sludge, or you are responsible for land application of sewage sludge. Information required by these questions may be prepared as attachments to this form. Skip the following questions if you contract land application to someone else (as indicated under Section A.7) who is responsible for the operation.

## 7. Sludge Characterization. Use the table below or a separate attachment, provide at least one analysis for each parameter.

PCBs (mg/kg)	_____
pH (S. U.)	_____
Percent Solids (%)	_____
Ammonium Nitrogen (mg/kg)	_____
Nitrate Nitrogen (mg/kg)	_____
Total Kjeldahl Nitrogen (mg/kg)	_____
Total Phosphorus (mg/kg)	_____
Total Potassium (mg/kg)	_____
Alkalinity as CaCO <sub>3</sub> (mg/kg)	_____

\* Lime treated sludge (10% or more lime by dry weight) should be analyzed for percent CaCO<sub>3</sub>.

## 8. Storage Requirements.

Existing and proposed sludge storage facilities must provide an estimated annual sludge balance on a monthly basis incorporating such factors as storage capacity, sludge production and land application schedule. Include pertinent calculations justifying storage requirements.

Proposed sludge storage facilities must also provide the following information:

- a. A sludge storage site layout on a 7.5 minute topographic quadrangle or other appropriate scaled map to show the following topographic features of the surrounding landscape to a distance of 0.25 mile. Clearly mark the property line.
  - 1) Water wells, abandoned or operating
  - 2) Surface waters
  - 3) Springs
  - 4) Public water supply(s)
  - 5) Sinkholes
  - 6) Underground and/or surface mines
  - 7) Mine pool (or other) surface water discharge points
  - 8) Mining spoil piles and mine dumps
  - 9) Quarry(s)
  - 10) Sand and gravel pits
  - 11) Gas and oil wells
  - 12) Diversion ditch(s)
  - 13) Agricultural drainage ditch(s)
  - 14) Occupied dwellings, including industrial and commercial establishments
  - 15) Landfills or dumps
  - 16) Other unlined impoundments
  - 17) Septic tanks and drainfields
  - 18) Injection wells
  - 19) Rock outcrops
- b. A topographic map of sufficient detail to clearly show the following information:
  - 1) Maximum and minimum percent slopes
  - 2) Depressions on the site that may collect water
  - 3) Drainageways that may attribute to rainfall run-on to or runoff from this site
  - 4) Portions of the site (if any) which are located with the 100-year floodplain and how the storage facility will be protected from flooding
- c. Data and specifications for the storage facility lining material.
- d. Plan and cross-sectional views of the storage facility.
- e. Depth from the bottom of the storage facility to the seasonal high water table and separation distance to the permanent water table.

9. Land Area Requirements. Provide calculations justifying the land area requirements for land application of sewage sludge taking into consideration average soil productivity group, crop(s) to be grown and most limiting factor(s) of the sewage sludge, specifically Plant Available Nitrogen (PAN), Calcium Carbonate Equivalence (CCE), and metal loadings (CPLR sewage sludge only), where applicable. Relate PAN, CCE, and metal loadings to demonstrate the most limiting factor for land application.

10. Landowner Agreement Forms. Provide a properly completed Sewage Sludge Application Agreement Form (attached) for each landowner if sewage sludge is to be applied onto land not owned by the applicant.

## 11. Ground Water Monitoring.

Are any ground water monitoring data available for this land application site? ☐ Yes ☐ No

If yes, submit the ground water monitoring data with this permit application. Also submit a written description of the well locations, approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

## 12. Land Application Site Information.

(Complete Items a-d for sites receiving infrequent application - land application of sewage sludge up to the agronomic rate at a frequency of once in a 3 year period; complete Items a-h for sites receiving frequent application - land application of sewage sludge in excess of 70% the agronomic rate at a frequency greater than once in a 3 year period)



- a. Provide a general location map for each county which clearly indicates the location of all the land application sites.
- b. For each land application site provide a site plan of sufficient detail to clearly show the concerned landscape features and associated buffer zones (See instructions). Provide a legend for each landscape feature and the net acreage for each field taking into account the proposed buffer zones.
- c. In order to ensure that land application of bulk sewage sludge will not impact federally listed threatened or endangered species or federally designated critical habitat, the applicant must notify the field office of the U. S. Department of the Interior, Fish and Wildlife Service (FWS), by a letter, the proposed land application activities with the identification of the land application sites. The address and phone number of FWS are provided below.

U. S. Fish and Wildlife Service  
Virginia Field Office  
P. O. Box 480  
White Marsh, VA 23183  
TEL: (804)693-6694

Provide a copy of the notification letter with this application form.

- d. Provide a soil survey map, preferably photographically based, with the field boundaries clearly marked. (A USDA-SCS soil survey map should be provided, if available.)  
Provide a detailed legend for each soil survey map which uses accepted USDA-SCS descriptions of the typifying pedon for each soil series (soil type). Complex associations may be described as a range of characteristics. Soil descriptions shall include as a minimum the following information.
  - 1) Soil symbol
  - 2) Soil series, textural phase and slope range
  - 3) Depth to seasonal high water table
  - 4) Depth to bedrock
  - 5) Estimated soil productivity group (for the proposed crop rotation)

**Item e - h are required for sites receiving frequent application of sewage sludge**

- e. In order to verify the information provided in item d, characterize the soil at each land application site. Representative soil borings or test pits to a depth of five feet or to bedrock if shallower, are to be coordinated for the typifying pedon of each soil series (soil type). Soil descriptions shall include as a minimum the following information:
  - 1). Soil symbol
  - 2). Soil series, textural phase and slope range
  - 3). Depth to seasonal high water table
  - 4). Depth to bedrock
  - 5). Estimated soil productivity group (for the proposed crop rotation)

FACILITY NAME: Woodhaven Nursing Home STP

VPDES PERMIT NUMBER: VA0074870

- f. Collect and analyze soil samples from each field, weighted to best represent each of the soil borings performed for Item e. Using the table below or a separate attachment, provide at least one analysis per sample for each of the following parameters.

Soil Organic Matter (%)	_____
Soil pH (std. units)	_____
Cation Exchange Capacity (meq/100g)	_____
Total Nitrogen (ppm)	_____
Organic Nitrogen (ppm)	_____
Ammonia Nitrogen (ppm)	_____
Nitrate Nitrogen (ppm)	_____
Available Phosphorus (ppm)	_____
Exchangeable Potassium (mg/100g)	_____
Exchangeable Sodium (mg/100g)	_____
Exchangeable Calcium (mg/100g)	_____
Exchangeable Magnesium (mg/100g)	_____
Arsenic (ppm)	_____
Cadmium (ppm)	_____
Copper (ppm)	_____
Lead (ppm)	_____
Mercury (ppm)	_____
Molybdenum (ppm)	_____
Nickel (ppm)	_____
Selenium (ppm)	_____
Zinc (ppm)	_____
Manganese (ppm)	_____
Particle Size Analysis or	
USDA Textural Estimate (%)	_____

- g. Relate the crop nutrient needs to anticipated yields, soil productivity rating and the various fertilizer or nutrient sources from sludge and chemical fertilizers. Describe any specialized agronomic management practices which may be required as a result of high soil pH. If the sludge is expected to possess an unusually high CCE or other unusual properties, provide a description of any plant tissue testing, supplemental fertilization or intensive agronomic management practices which may be necessary.
- h. Using a narrative format and referencing any related charts, describe the proposed cropping system. Show how the crop rotation and management will be coordinated with the design of the land application system. Include any supplemental fertilization program, soil testing and the coordination of tillage practices, planting and harvesting schedules and timing of land application.

FACILITY NAME: Woodhaven Nursing Home STP

VPDES PERMIT NUMBER: VA0074870

SEWAGE SLUDGE APPLICATION AGREEMENT

This sewage sludge application agreement is made on this date \_\_\_\_\_ between \_\_\_\_\_, referred to here as "landowner", and \_\_\_\_\_, referred to here as the "Permittee".

Landowner is the owner of agricultural land shown on the map attached as Exhibit A and designated there as \_\_\_\_\_ ("landowner's land"). Permittee agrees to apply and landowner agrees to comply with certain permit requirements following application of sewage sludge on landowner's land in amounts and in a manner authorized by VPDES permit number \_\_\_\_\_ which is held by the Permittee.

Landowner acknowledges that the appropriate application of sewage sludge will be beneficial in providing fertilizer and soil conditioning to the property. Moreover, landowner acknowledges having been expressly advised that, in order to protect public health, the following site restrictions must be adhered to when sewage sludge receives Class B treatment for pathogen reduction:

1. Food crops with harvested parts that touch the sewage sludge/soil mixture and are totally above the land surface shall not be harvested for 14 months after application of sewage sludge;
2. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of sewage sludge when the sewage sludge remains on the land surface for four months or longer prior to incorporation into the soil;
3. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of sewage sludge when the sewage sludge remains on the land surface for less than four months prior to incorporation into the soil;
4. Food crops, feed crops, and fiber crops shall not be harvested for 30 days after application of sewage sludge;
5. Animals shall not be grazed on the land for 30 days after application of sewage sludge;
6. Turf grown on land where sewage sludge is applied shall not be harvested for one year after application of the sewage sludge when the harvested turf is placed on either land with a high potential for public exposure or a lawn, unless otherwise specified by the State Water Control Board;
7. Public access to land with a high potential for public exposure shall be restricted for one year after application of sewage sludge;
8. Public access to land with a low potential for public exposure shall be restricted for 30 days after application of sewage sludge.
9. Tobacco, because it has been shown to accumulate cadmium, should not be grown on landowner's land for three years following the application of sewage sludge borne cadmium equal to or exceeding 0.5 kilograms/hectare (0.45 pounds/acre).

Permittee agrees to notify landowner or landowner's designee of the proposed schedule for sewage sludge application and specifically prior to any particular application to landowner's land. This agreement may be terminated by either party upon written notice to the address specified below.

Landowner:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mailing Address

Permittee:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mailing Address

FACILITY NAME: Woodhaven Nursing Home STPVPDES PERMIT NUMBER: VA0074870

## SECTION D. SURFACE DISPOSAL

Complete this section only if you own or operate a surface disposal site. Provide the information for each active sewage sludge unit.

## 1. Information on Active Sewage Sludge Units.

- a. Unit name or number: \_\_\_\_\_
- b. Unit location
- i. Street or Route#: \_\_\_\_\_
- County: \_\_\_\_\_
- City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- ii. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_
- Method of latitude/longitude determination
- \_\_\_\_\_ USGS map \_\_\_\_\_ Filed survey \_\_\_\_\_ Other
- c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.
- d. Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: \_\_\_\_\_ dry metric tons.
- e. Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: \_\_\_\_\_ dry metric tons.
- f. Does the active sewage sludge unit have a liner with a minimum hydraulic conductivity of  $1 \times 10^{-7}$  cm/sec? ☐ Yes ☐ No If yes, describe the liner or attach a description.
- \_\_\_\_\_
- g. Does the active sewage sludge unit have a leachate collection system? ☐ Yes ☐ No
- If yes, describe the leachate collection system or attach a description. Also, describe the method used for leachate disposal and provide the numbers of any federal, state or local permits for leachate disposal:
- \_\_\_\_\_
- h. If you answered no to either f or g, answer the following:
- Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site? ☐ Yes ☐ No If yes, provide the actual distance in meters: \_\_\_\_\_
- i. Remaining capacity of active sewage sludge unit, in dry metric tons: \_\_\_\_\_ dry metric tons
- Anticipated closure date for active sewage sludge unit, if known: \_\_\_\_\_ (MM/DD/YYYY)
- Provide with this application a copy of any closure plan developed for this active sewage sludge unit.

## 2. Sewage Sludge from Other Facilities.

Is sewage sludge sent to this active sewage sludge unit from any facilities other than yours? ☐ Yes ☐ No

If yes, provide the following information for each such facility, attach additional sheets as necessary.

- a. Facility name: \_\_\_\_\_
- b. Facility contact: \_\_\_\_\_
- Title: \_\_\_\_\_
- Phone: ( ) \_\_\_\_\_
- c. Mailing address.
- Street or P.O. Box: \_\_\_\_\_
- City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- d. List, on this form or an attachment, the facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the facility's sewage sludge management practices:
- Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_
- \_\_\_\_\_
- e. Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?
- ☐ Class A ☐ Class B ☐ Neither or unknown
- f. Describe, on this form or on another sheet of paper, any treatment processes used at the other facility to reduce pathogens in sewage sludge: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

FACILITY NAME: **Woodhaven Nursing Home STP**

VPDES PERMIT NUMBER: **VA0074870**

- g. Which vector attraction reduction option is achieved before sewage sludge leaves the other facility?
- ☐ Option 1 (Minimum 38 percent reduction in volatile solids)
  - ☐ Option 2 (Anaerobic process, with bench-scale demonstration)
  - ☐ Option 3 (Aerobic process, with bench-scale demonstration)
  - ☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
  - ☐ Option 5 (Aerobic processes plus raised temperature)
  - ☐ Option 6 (Raise pH to 12 and retain at 11.5)
  - ☐ Option 7 (75 percent solids with no unstabilized solids)
  - ☐ Option 8 (90 percent solids with unstabilized solids)
  - ☐ None or unknown
- h. Describe, on this form or another sheet of paper, any treatment processes used at the other facility to reduce vector attraction properties of sewage sludge: \_\_\_\_\_
- i. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the other facility that are not identified in e - h above: \_\_\_\_\_

3. Vector Attraction Reduction.

- a. Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?
- ☐ Option 9 (Injection below land surface)
  - ☐ Option 10 (Incorporation into soil within 6 hours)
  - ☐ Option 11 (Covering active sewage sludge unit daily)
- b. Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge: \_\_\_\_\_

4. Ground Water Monitoring.

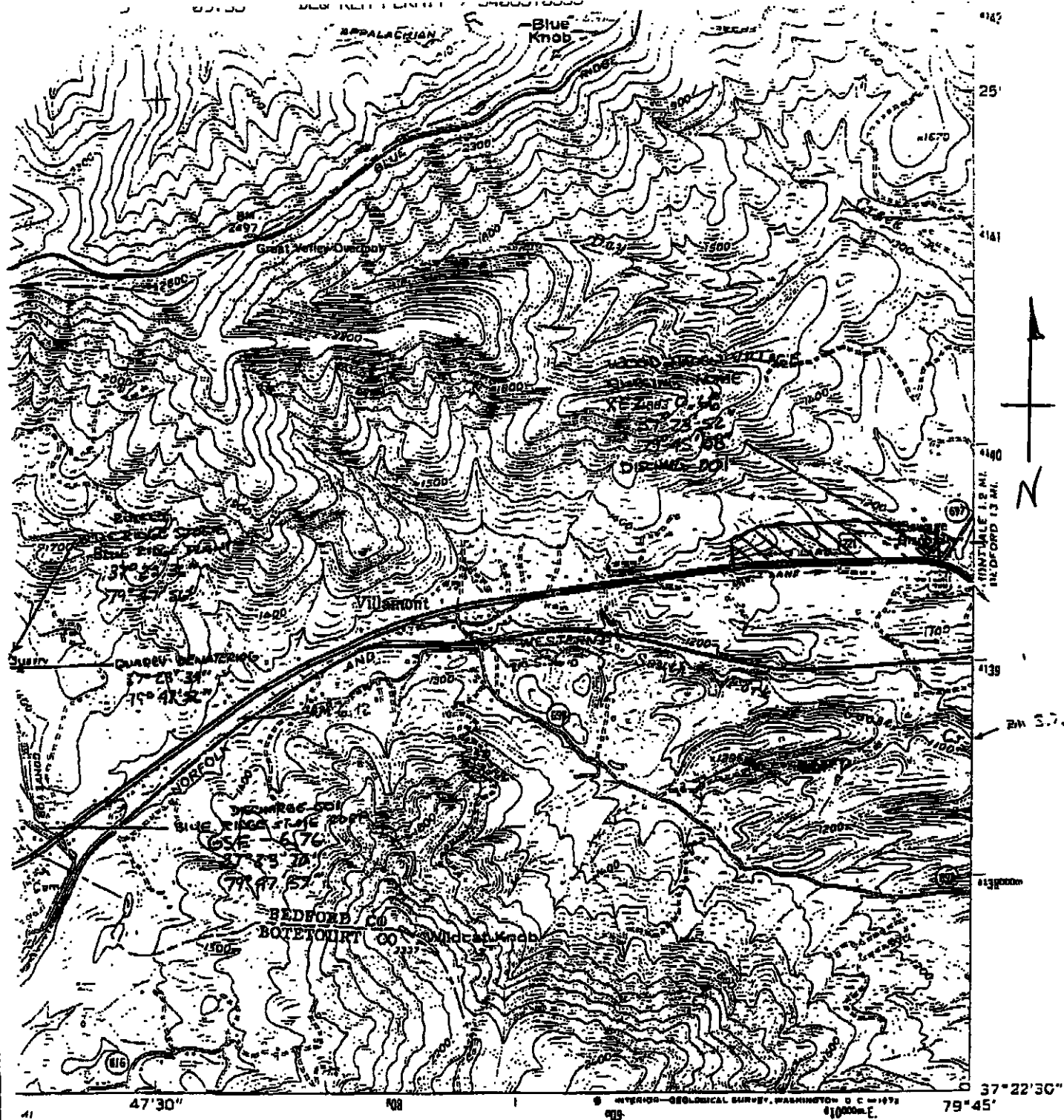
- a. Is ground water monitoring currently conducted at this active sewage sludge unit or are ground water monitoring data otherwise available for this active sewage sludge unit? ☐ Yes ☐ No  
If yes, provide a copy of available ground water monitoring data. Also provide a written description of the well locations, the approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.
- b. Has a ground water monitoring program been prepared for this active sewage sludge unit?  
☐ Yes ☐ No If yes, submit a copy of the ground water monitoring program with this application.
- c. Have you obtained a certification from a qualified ground water scientist that the aquifer below the active sewage sludge unit has not been contaminated? ☐ Yes ☐ No  
If yes, submit a copy of the certification with this application.

5. Site-Specific Limits.

Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?  
☐ Yes ☐ No If yes, submit information to support the request for site-specific pollutant limits with this application.

Woodhaven Nursing Home STP

**Attached 1**



1 MILE  
10 FEET  
6F



QUADRANGLE LOCATION

# ROAD CLASSIFICATION

Heavy-duty ——— Light-duty ———  
Medium-duty ——— Unimproved dirt ———  
Interstate Route U.S. Route State Route

VILLAMONT, VA.

N3722.5—W7945/7.5

1963  
PHOTOREVISED 1972  
AMS 508A IV NF-CFDIC USA

IA 22903  
EST

Revisions shown in purple compiled in cooperation with  
Commonwealth of Virginia agencies from aerial photographs  
taken 1972. This information not field checked

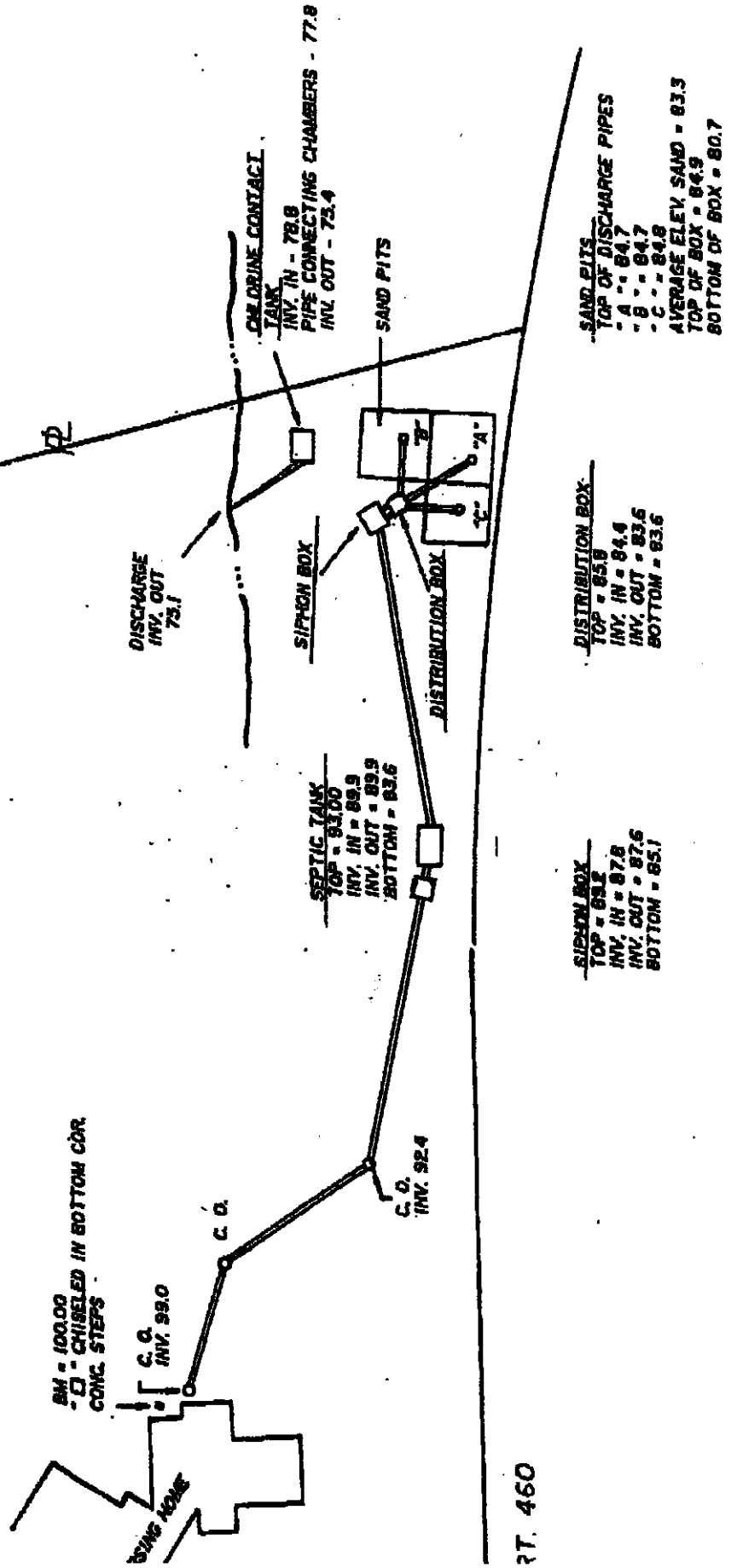
Woodhaven Nursing Home STP

**Attached 2**

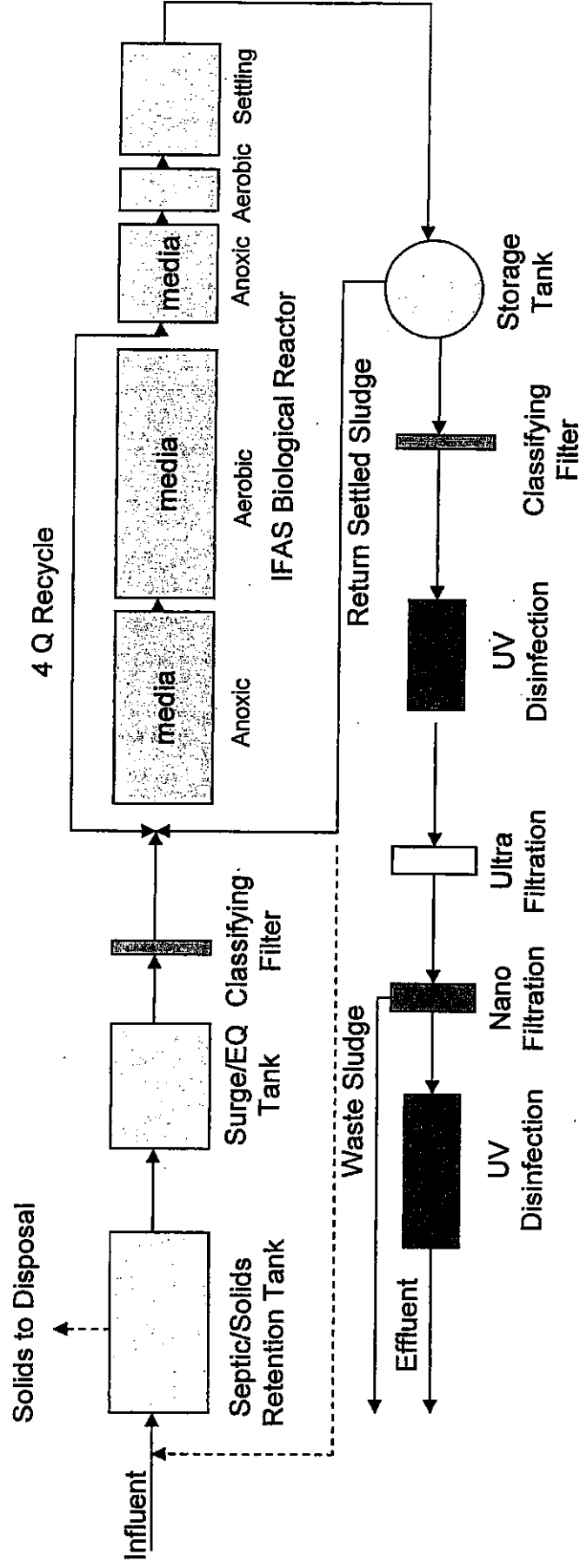




SKETCH SHOWING LOCATIONS  
OF AND ELEVATIONS - WOODHAVEN  
SEWERAGE DISPOSAL SYSTEM  
(NOT TO SCALE)



## Schematic Diagram of 6,600 gallon per day treatment plant



**Schematic Diagram of the Wastewater Conversion Technologies, Inc.  
On-Site Wastewater Treatment Process**

## DESIGN PROCESS

The entire treatment system is enclosed, eliminating access for vectors to any part of the treatment train. Other than the Septic/Solids Retention Tank and the Surge/EQ tank, the treatment system is housed in a temperature controlled steel structure. Those components not contained in this structure are buried below ground.

The treatment system contains no dewatering equipment. All settled biomass solids and all reject solids from the filters are recycled back to the septic/solids retention tank where they undergo anaerobic digestion. These collected solids are monitored via a specialized level transducer which tracks the volume of solids. When the solids level increases to a point that might cause carryover, they are pumped out and transported to a disposal plant or municipal wastewater treatment plant that accepts septage. All solids will be removed from the Septic/Solids Retention Tank using a vacuum septage truck and sent to appropriate disposal.

For a brief description, the raw wastewater enters the two-compartment Septic/Solids Retention Tank where the settleable solids are settled to the sludge blanket and the oil, grease and other floatables collect in a layer on the surface. The first compartment of the tank is  $\frac{2}{3}$  of the total volume and is separated from the second compartment by a baffle wall that extends above the water surface and has an opening for forward flow located below at the mid liquid depth point. The effluent from the tank overflows without equalization, and then flows to a Surge/EQ tank where the flow is equalized. The equalization tank is maintained at 10% capacity, this allows a 90% reserve for flow irregularities and equipment maintenance problems. Total capacity is based on 24 to 36 hours total flow. Two redundant grinder pumps take the flow and pass it through a 120 micron pre-classification filter. The filter prevents the passage of large solids such as plastics, etc., to protect subsequent pumps and prevent any clogging of the media in the Biological Reactor. The filtered wastewater is then run through a thermostatically set heater so the Bioreactors can always be maintained at a temperature that will ensure efficient nitrification and denitrification. The Bioreactor is a Modified Bardenpho configuration biological nutrient removal process that contains plastic media similar to Kaldnes media, which has a specific surface area of 153 ft<sup>2</sup>/ft<sup>3</sup> (500 m<sup>2</sup>/m<sup>3</sup>), so that all but the anaerobic zone and the last aerobic zone operate as Integrated Fixed-Film Activated Sludge (IFAS) reactors. This system is capable of performing Enhanced Biological Phosphorus Removal (EBPR), but typically will be operated only for enhanced nitrification and denitrification. Enhanced nitrification and denitrification are accomplished by the biofilms that grow on the IFAS media. The settling basin is an integral part of the Bioreactor, and its primary function is to settle the bulk of the mixed liquor biomass and recycle it to the influent of the Bioreactor, i.e. the anaerobic zone. The settling basin overflow goes to the Process Storage Tank where it is stored to minimize flow variations between the Bioreactors, and final filtration /polishing units. Solids in the process storage tank are collected with a 20 micron disk filter. When the filter is back-flushed, solids are sent back to the Bioreactors. When the Mixed Liquor Suspended Solids (MLSS) level needs to be lowered, a WAS valve is opened and these solids are sent to the solids retention tank. After the Disk Filter, the treated flow enters the 150,000 Dalton MWCO Ultrafilter, which removes any TSS that is remaining in the flow. The ultrafiltration membranes are NSF and SWTR approved by exhibiting over a Log 5 removal efficiency for bacteria and viruses, and reducing turbidity levels to < 0.06 NTU. Next the flow enters the first of two UV radiation units for disinfection/sterilization. This stage destroys fecal coliform, pathogens and retards microbial growth on the Activated Alumina columns. Each UV unit is rated at a minimum of 90,000

mg/cm<sup>2</sup> usually two to three times the required state regulation. There are three phosphorus removing Activated Alumina columns, but only two operate at a time so that the flow goes from the most saturated column to the least saturated column. This process maximizes utilization of the phosphorus removing capacity of the first column before it is taken off line for regeneration. This process also ensures that the effluent phosphorus concentration from the third column is below the breakthrough concentration, i.e. the effluent requirement. As the breakthrough concentration wave nears the end of the second column, the third or fresh column becomes the second column. Then the previous second column becomes the first column and the third column becomes the second. This cycling is continued. After the Activated Alumina columns, the treated flow is treated again by UV disinfection to assure that the effluent will contain no fecal coliforms or pathogens, and it is discharged for final disposal.

Woodhaven Nursing Home STP

**Attached 3**

August 20, 2007

Janis Richardson  
Roanoke City Pre-Treatment Coordinator  
1540 Underhill Avenue  
Roanoke, VA 24014

853-1517

Dear Ms. Richardson,

As the secretary-treasurer of Family Health Initiatives, Inc., I am requesting the acceptance of biosolids from our sewage treatment plant, located in Montvale, Virginia. The wastewater treatment facility permit number, location and title to their domestic wastewater source is as follows:

VPDES Permit No.           VA0074870  
Woodhaven Nursing Home STP  
13055 West Lynchburg-Salem Turnpike  
Montvale, VA 24122-0168

The biosolids delivered to your municipality will be from a septic tank and from a domestic wastewater stream. The flowing is the approximate total dry metric tons per 365-day period of sewage sludge provided to your facility: 3.65 metric tons.

Thank you for your time in this matter and if there is any further information needed to successfully establish your facility as our Off-Site Biosolids Treatment Facility, please contact me directly at the telephone number below during regular office hours. Again, thank you for your time.


Sincerely,

DAVID F. GRAVES  
Secretary-Treasurer, Administrator

Pc:   Becky France, Permit Writer, DEQ  
      DEQ Roanoke Regional Office

# MAPQUEST

# ORBITZ

 [Send To Printer](#) [Back To Directions](#)

**Start:** [10662-10753] W Lynchburg Salem Tpke  
Montvale, VA  
24122 US

**Book a Hotel:**

Save up to 75% on

Orbitz Savers Nationwide!

[Book Now!](#)

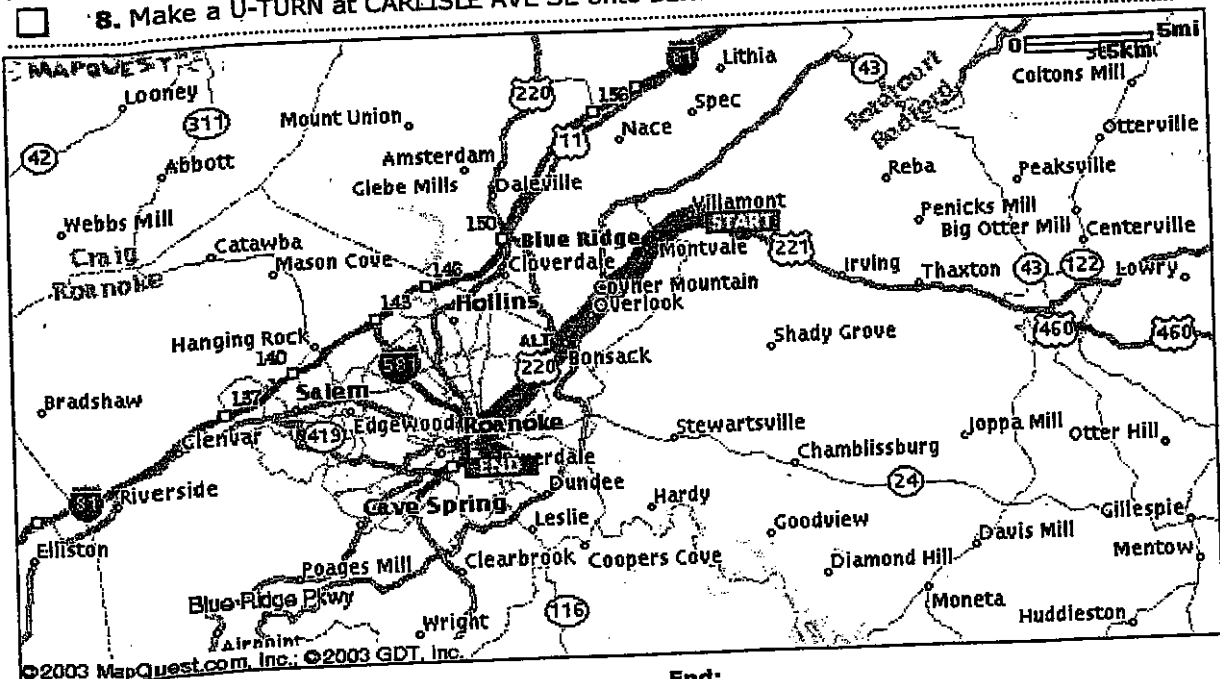
**End:** 1402 Bennington St Se  
Roanoke, VA  
24014-2652 US

**Distance:** 15.69 miles

**Total Estimated Time:** 24 minutes

## ✓ Driving Directions

- |  | Distance    |
|--|-------------|
| <input type="checkbox"/> 1. Start out going South on US-221 S/US-460 W toward VA-698/VILLAMONT RD. | 13.80 Miles |
| <input type="checkbox"/> 2. Turn LEFT onto VA-115/HOLLINS RD NE. Continue to follow HOLLINS RD NE. | 0.41 Miles  |
| <input type="checkbox"/> 3. Turn RIGHT onto NORFOLK AVE SE.  | 0.04 Miles  |
| <input type="checkbox"/> 4. Turn LEFT onto 14TH ST SE.   | 0.07 Miles  |
| <input type="checkbox"/> 5. Turn RIGHT onto WISE AVE SE.   | 0.06 Miles  |
| <input type="checkbox"/> 6. Turn LEFT onto 13TH ST SE.   | 1.07 Miles  |
| <input type="checkbox"/> 7. 13TH ST SE becomes BENNINGTON ST SE.                                   | 0.11 Miles  |
| <input type="checkbox"/> 8. Make a U-TURN at CARLISLE AVE SE onto BENNINGTON ST SE.                | 0.12 Miles  |



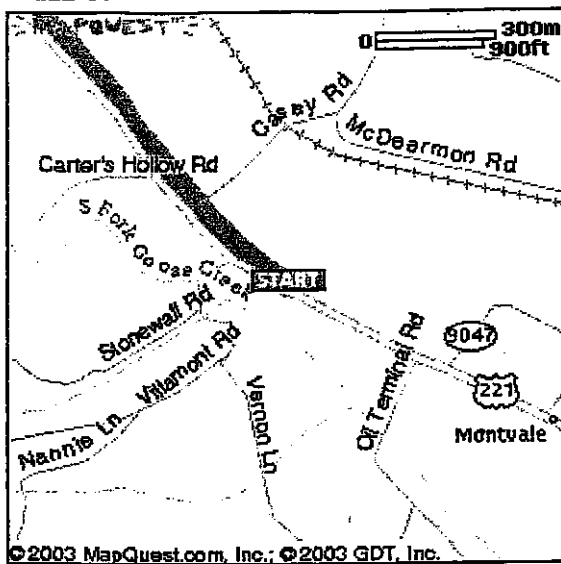
**Start:**  
[10662-10753] W Lynchburg Salem Tpke  
Montvale, VA

**End:**  
1402 Bennington St Se  
Roanoke, VA

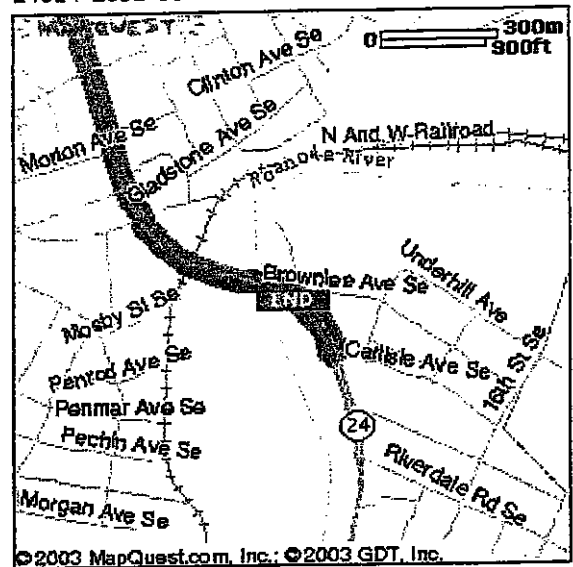
<http://www.mapquest.com/directions/main.adp?do=prt&2n=ROANOKE%20COUNTY&1...> 3/18/2003



24122 US



24014-2652 US



**Notes:**

.....

.....

.....

.....

.....

.....

All rights reserved. Use Subject to License/Copyright

These directions are informational only. No representation is made or warranty given as to their content, road conditions or route usability or expeditiousness. User assumes all risk of use. MapQuest and its suppliers assume no responsibility for any loss or delay resulting from such use.

[Privacy Policy](#) & [Legal Notices](#) © 2003 MapQuest.com, Inc. All rights reserved.

PUBLIC NOTICE BILLING INFORMATION FORM

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-31-290.C.2:


Agent/Department to be billed: Woodhaven Nursing Home

Owner: Family Health Initiatives, Inc.  
David F. Graves

Applicant's Address: P.O. Box 168  
Montvale, VA 24122-0168

Agent's Telephone No: 540-947-2207

Authorizing Agent:

  
Signature

David F. Graves  
Printed Name

Administrator  
Title

Facility Name: Woodhaven Nursing Home WUHT  
Permit No. VA0074870

Please return to:

Becky L. France  
Department of Environmental Quality  
3019 Peters Creek Road  
Roanoke, VA 24019  
Fax No. (540) 562-6860